

128  
630

874060  
08/563642

320  
1-25

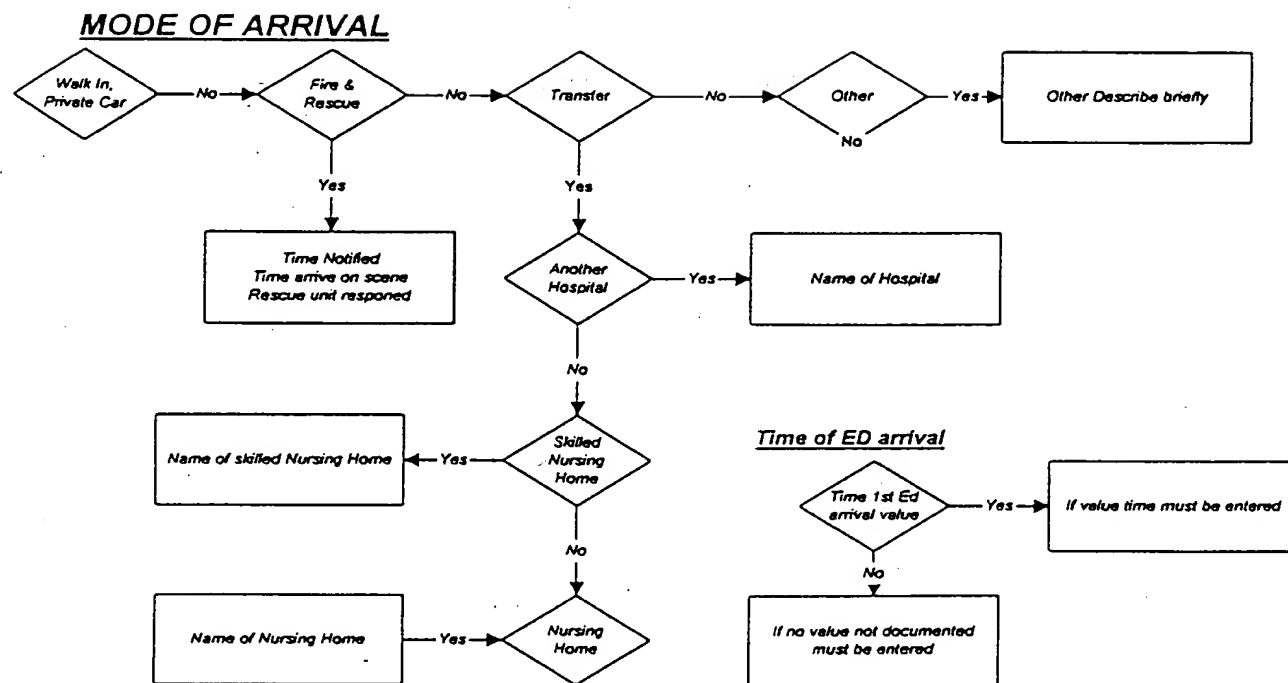


FIG. 1

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46

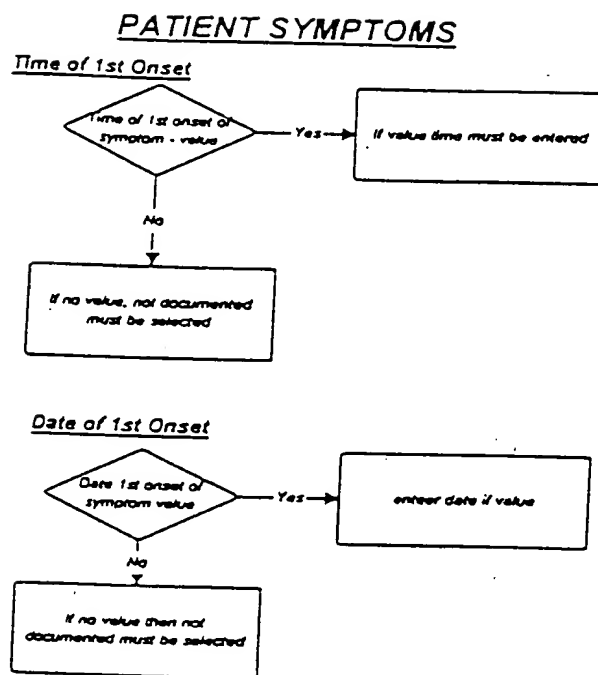
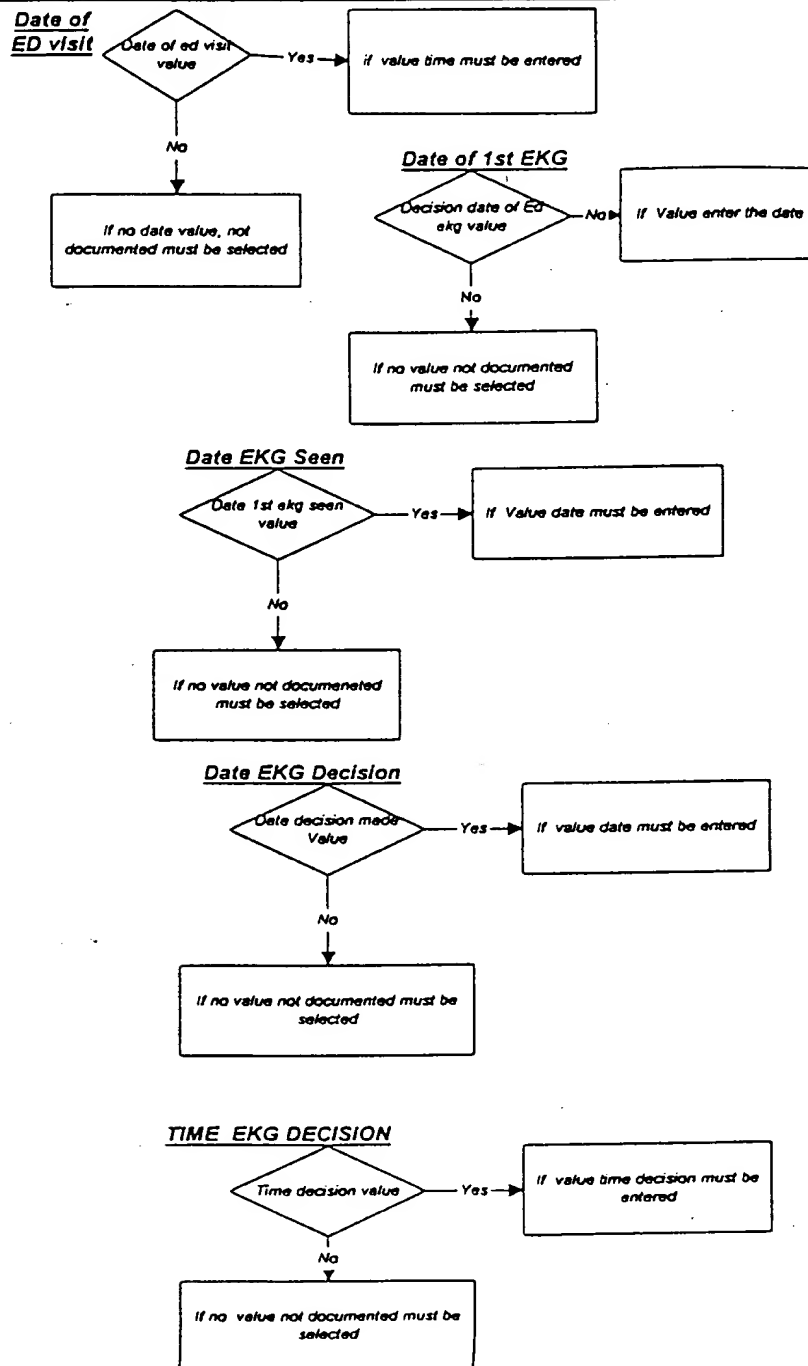


FIG. 2

**TIME STAMP AND THE PATIENT CARE PROCESS****FIG. 3**

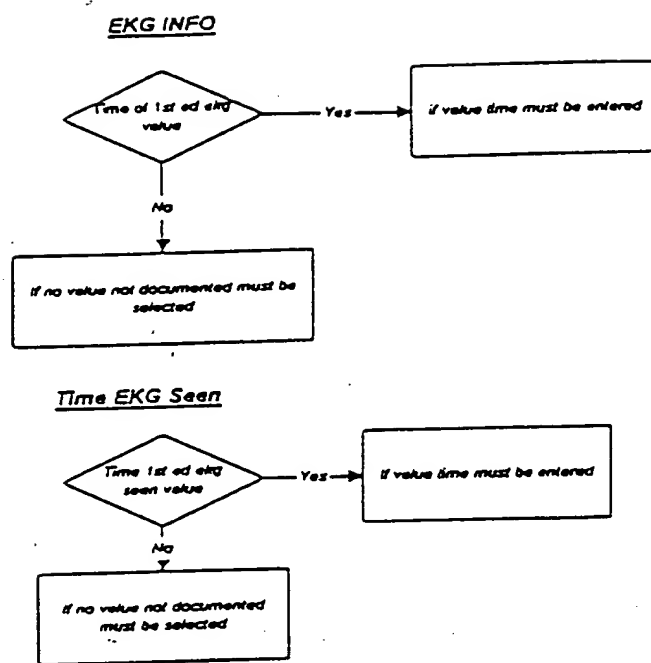


FIG. 3A

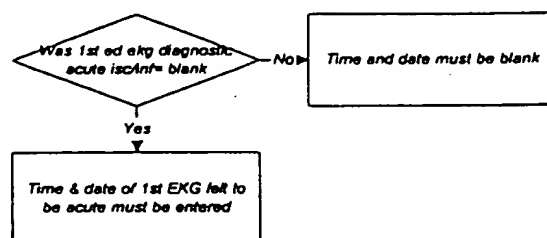
Diagnostic acute Ischemia/Infarction

FIG. 4

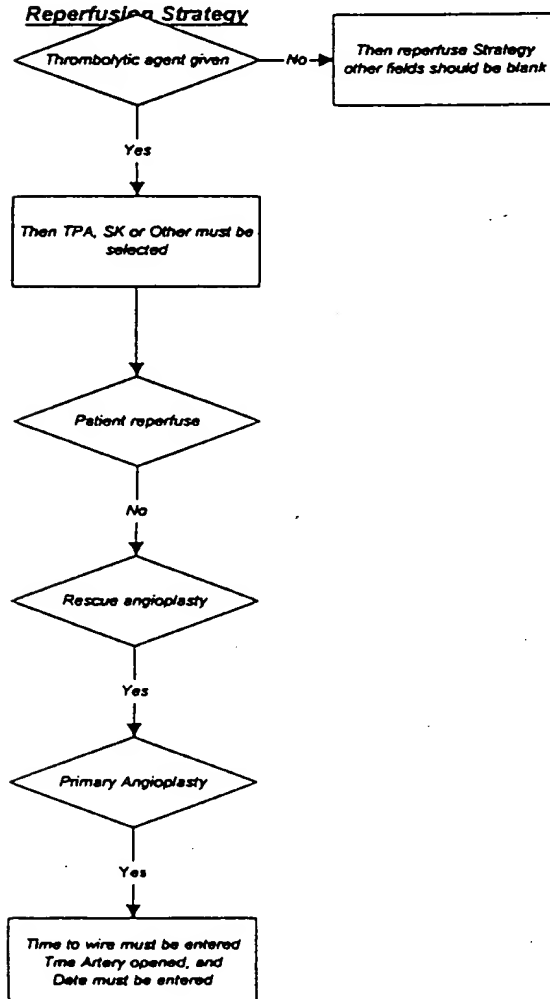
Reperfusion Strategy

FIG. 5

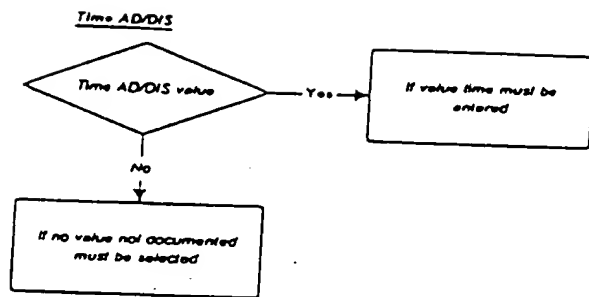


FIG. 6

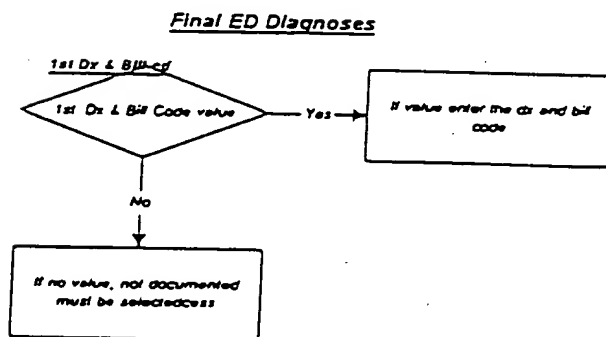


FIG. 7A

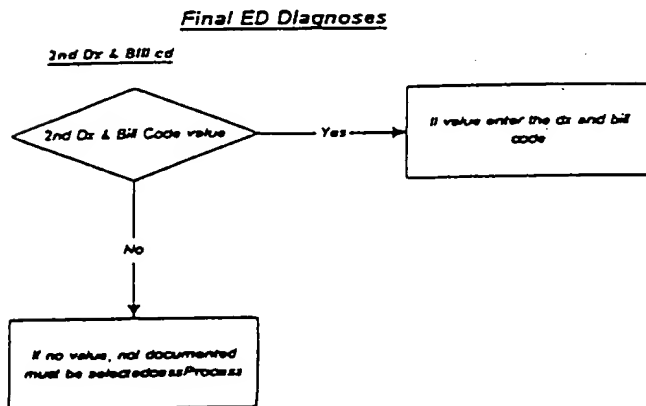


FIG. 7B

Patient Disposition from Emergency

Final Hospital diagnoses

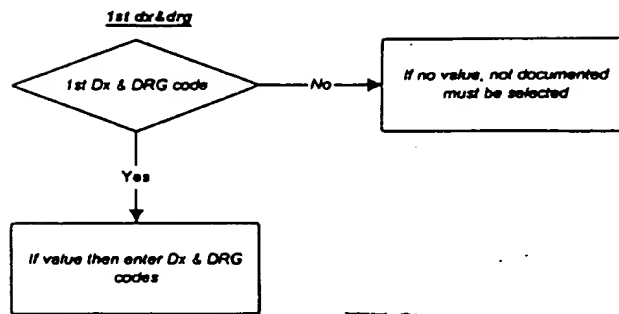


FIG. 8A

Final Hospital diagnoses

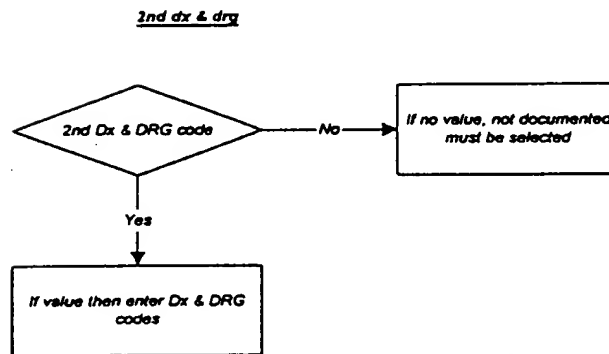


FIG. 8B

Final Hospital diagnoses

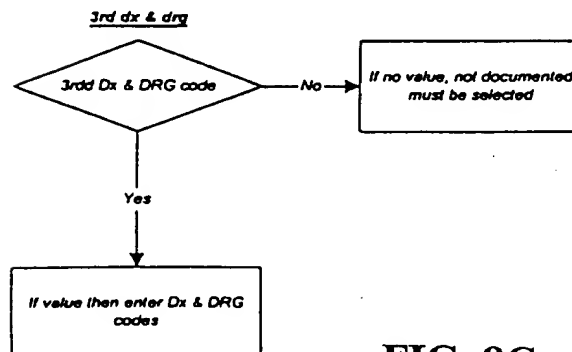


FIG. 8C

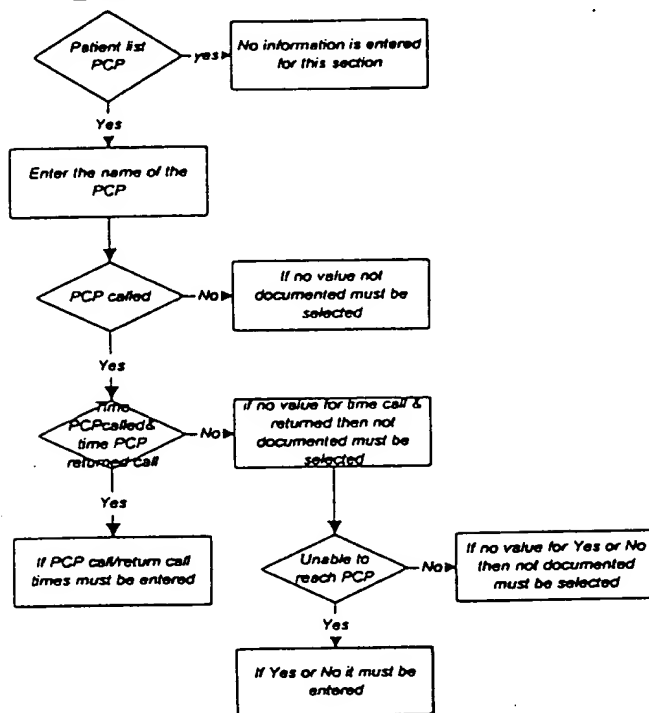
PRIMARY CARE PHYSICIAN (PCO)

FIG. 9A

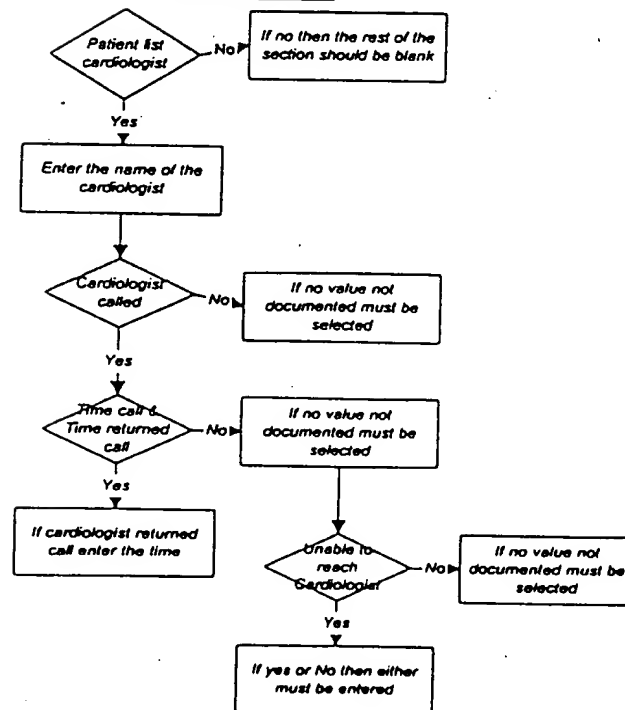
CARDIOLOGIST

FIG. 9B



NO PHYSICIAN  
LISTED

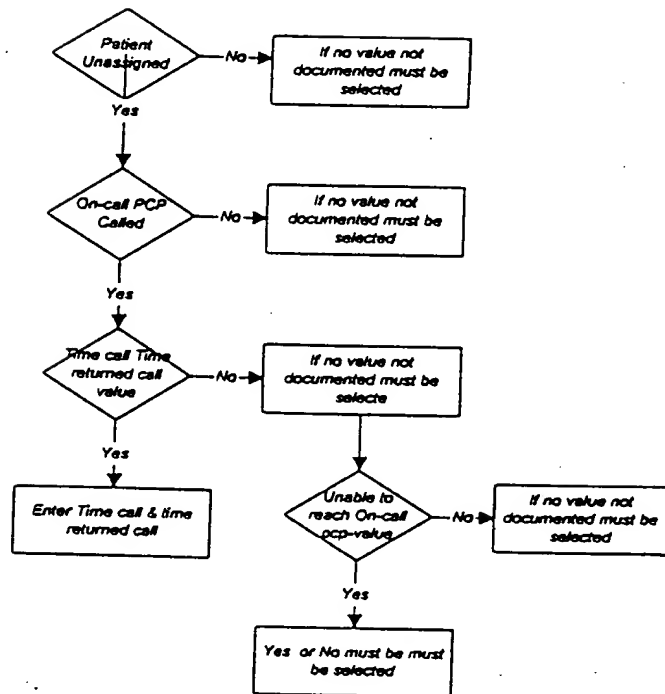


FIG. 9C

CREATINE mb(ck-mb) test

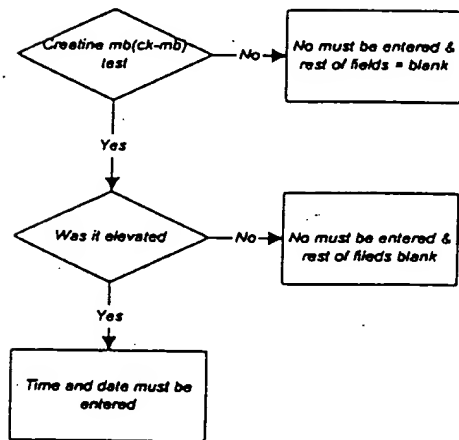


FIG. 10A

MYOGLOBIN TESTING

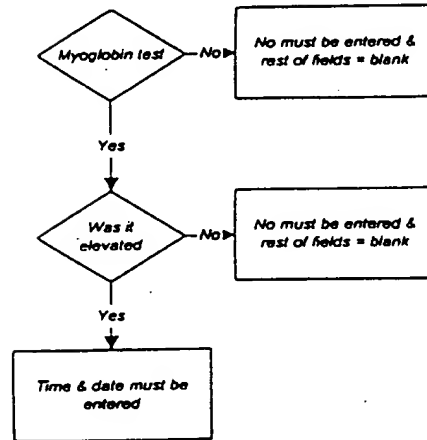


FIG. 10B

CREATINE (CPK OR CK)

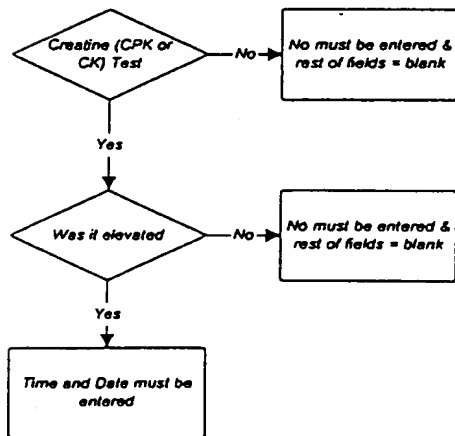


FIG. 10C

TROPONIN TESTING

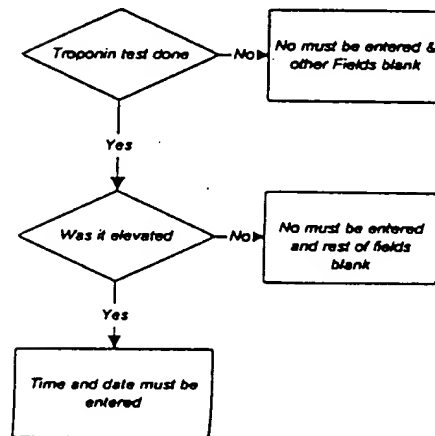


FIG. 10D

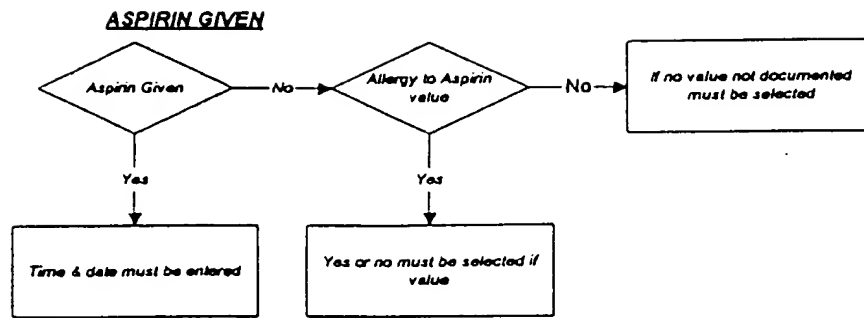


FIG. 11A

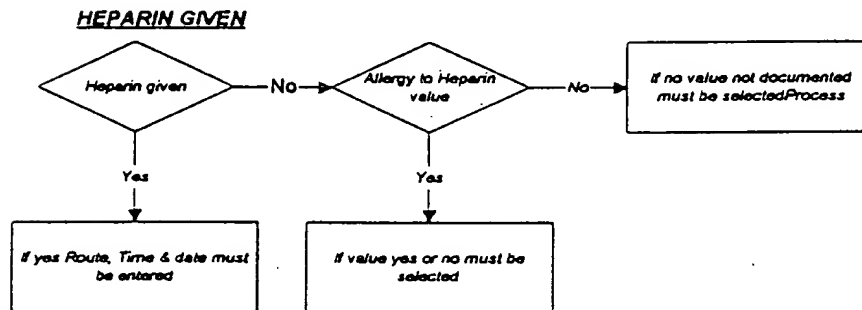


FIG. 11B

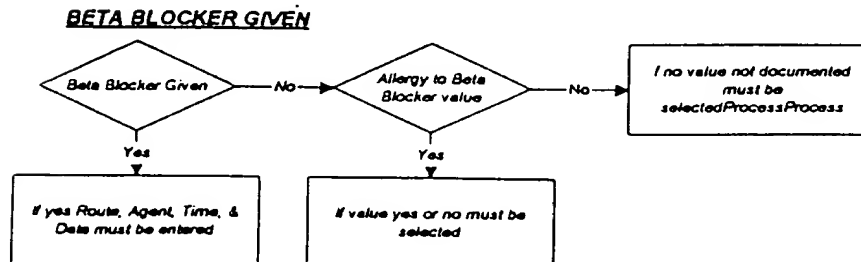


FIG. 11C

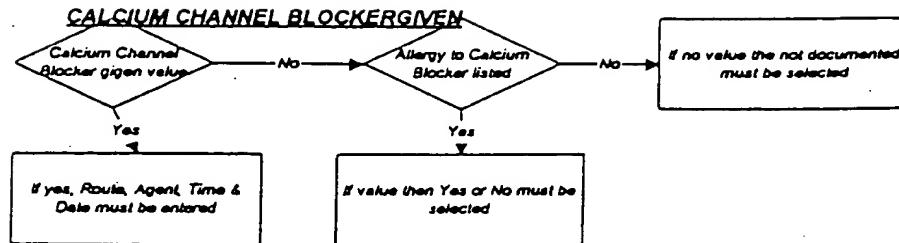


FIG. 11D

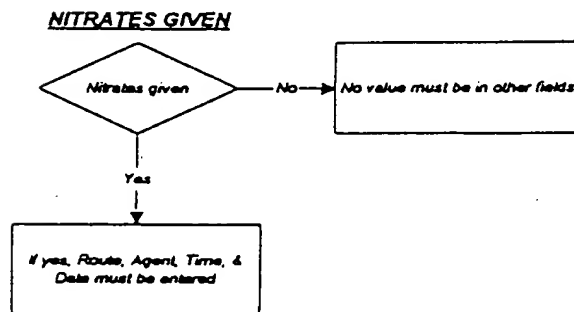


FIG. 11E

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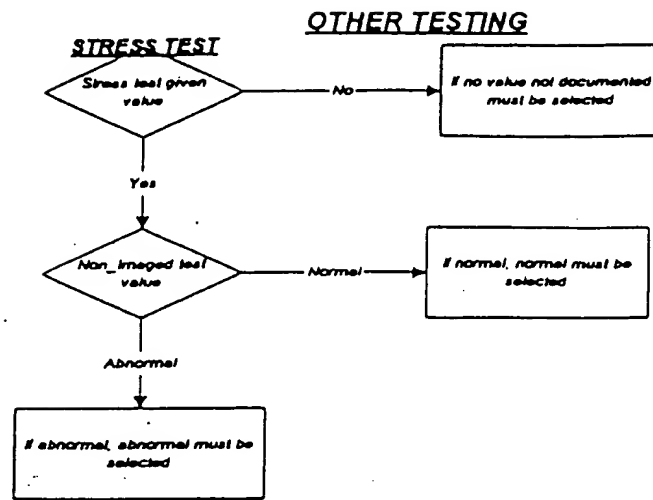


FIG. 12A

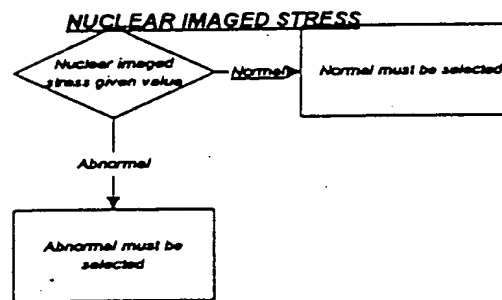


FIG. 12B

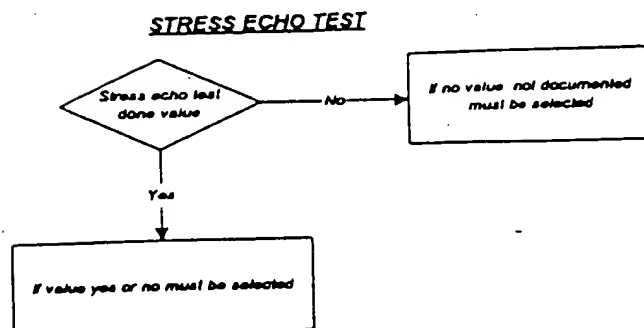


FIG. 12C

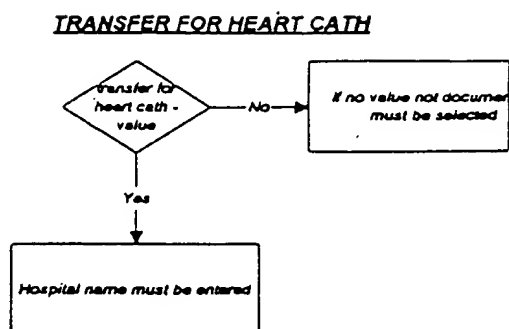


FIG. 12D

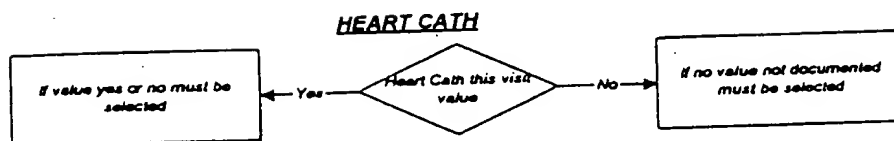


FIG. 12E

File Creation Flow Process For Table Lookups Used In Data Entry

Table : Arrival  
Mode

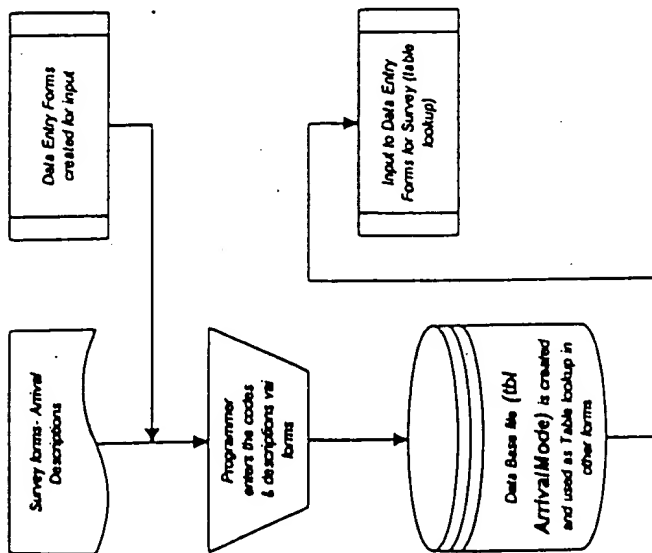


Table : Race

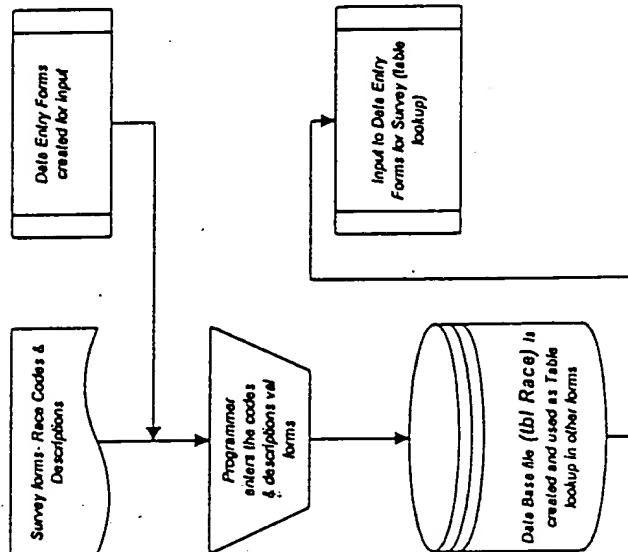


Table : Gender

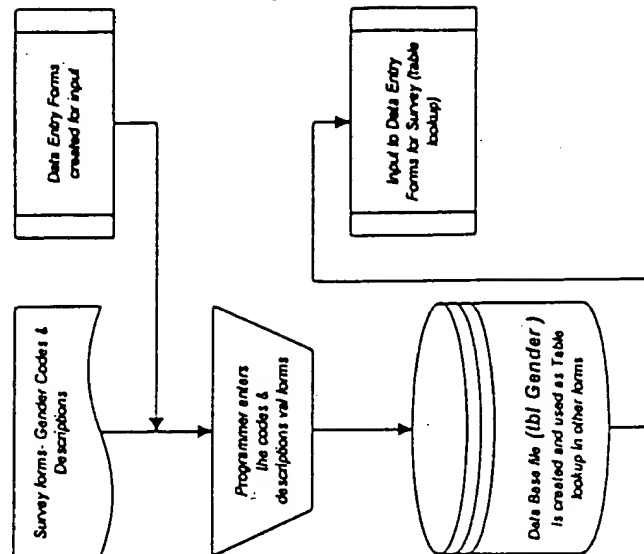


Table : Patient  
Disposition

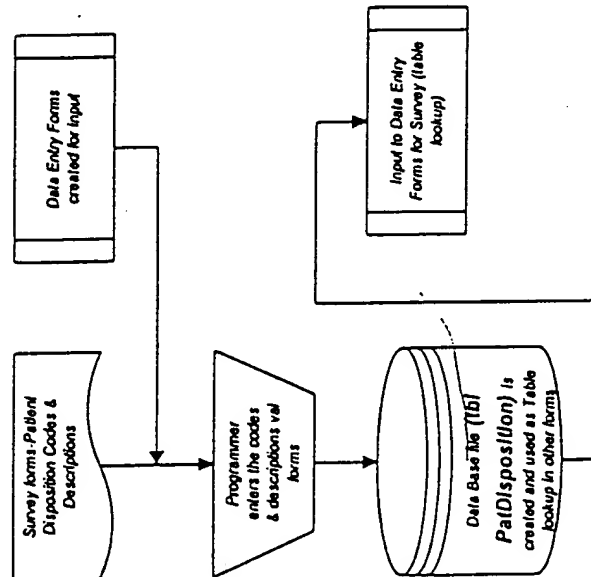


Table : Nitrates

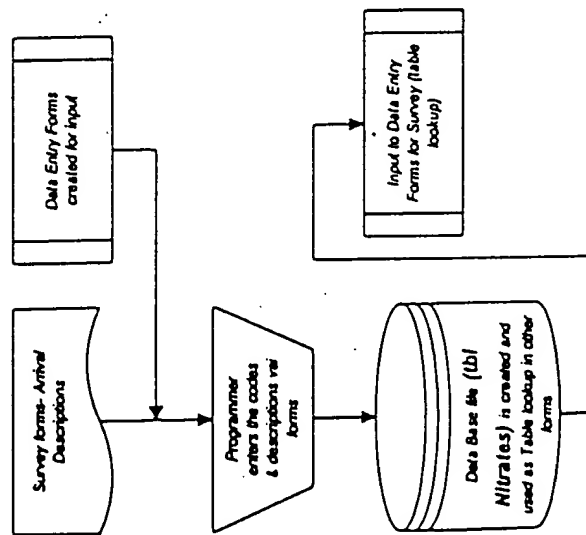
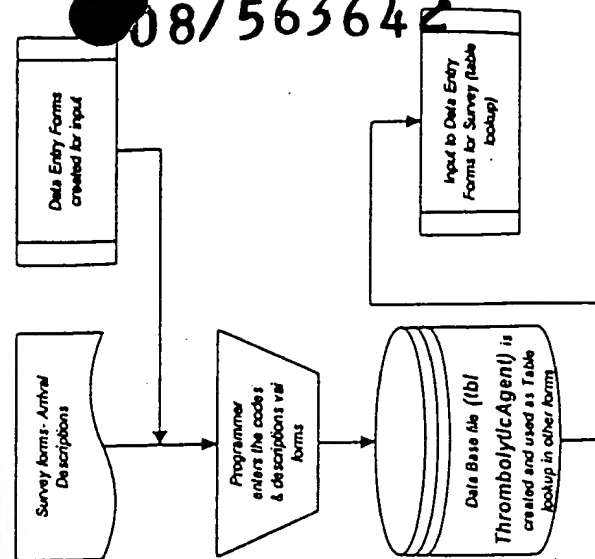


Table :  
Thrombolytic Agent



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FIG. 14

File Creation Flow Process For Table Lookups Used In Data Entry

Table : Heparin

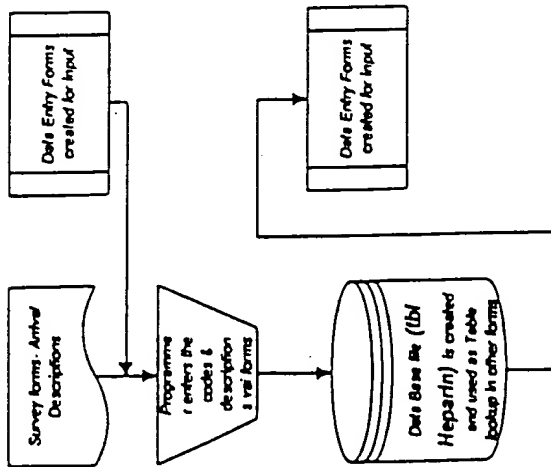


Table : Beta Blocker

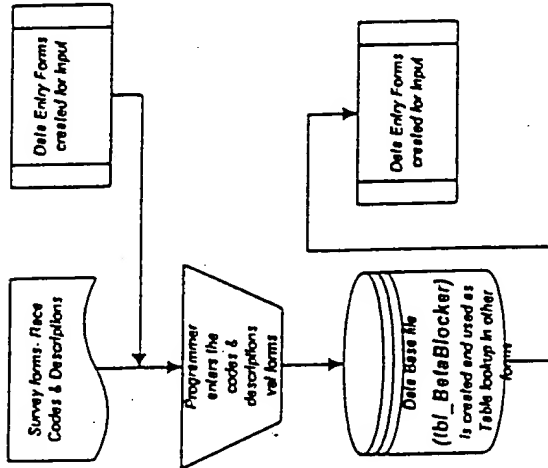


Table : Calcium Channel Blocker

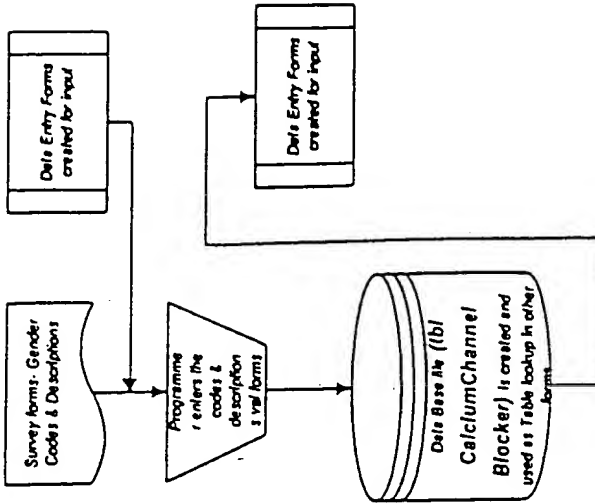


Table : Other Testing

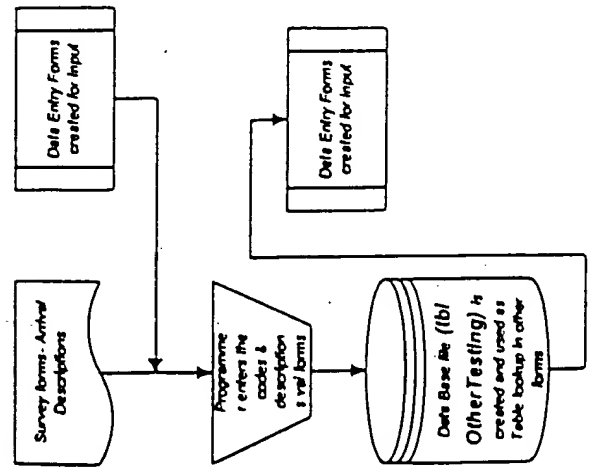


Table : ED EKG Category Descriptions

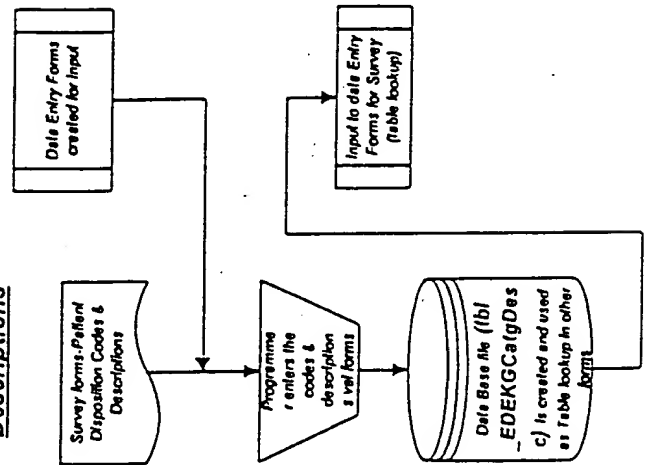
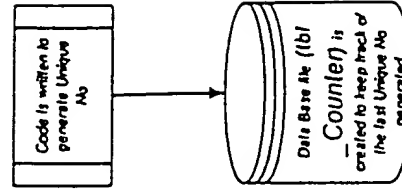


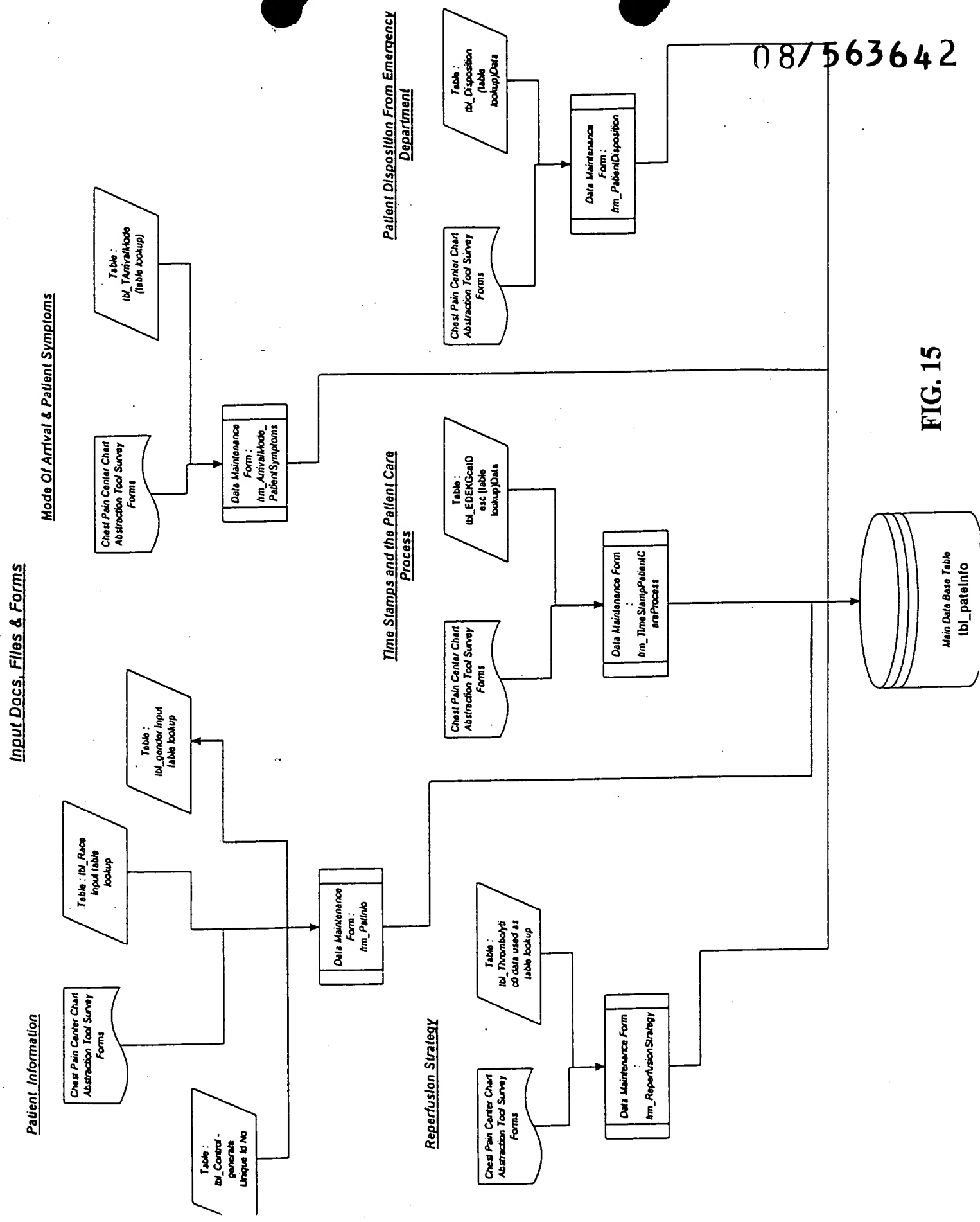
Table : Counter



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Creation of Master data base File Process Flow - (tbl\_patInfo) Patient Information



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FIG. 15

Creation of 2nd Master Data base File Process Flow (tbl\_patpcpin) Patient Information  
Input Docs, Files, & Forms

Other Treatments - Nitrates

Table :  
tbl\_Nitrates  
(table lookup)

Other Treatments -Heparin

Chest Pain Center Chart  
Abstraction Tool Survey  
Forms

Data Maintenance  
Form :  
frm\_OAAspinHep  
andNitrates

Table :  
tbl\_Heparin(tbl  
e lookup)

Chest Pain Center Chart  
Abstraction Tool Survey  
Forms

Table : tbl  
CalciumChan  
elBlocker  
(table lookup)

Chest Pain Center Chart  
Abstraction Tool Survey  
Forms

Data Maintenance Form  
frm\_subOBetaBlockerC  
alciumChannelBlocker

Other Treatments - Calcium Channel  
Blocker

Other Testing - Stress

Chest Pain Center Chart  
Abstraction Tool Survey  
Forms

Table :  
tbl\_OtherTesting  
(table lookup)

Data Maintenance  
Form :  
frm\_subOtherTest

Other Treatments - Beta blocker

Chest Pain Center Chart  
Abstraction Tool Survey  
Forms

Table :  
tbl\_BetaBlocker  
(table  
lookup)Data

Data Maintenance Form  
frm\_subOBetaBlockerC  
alciumChannelBlocker

DataBase Table  
tbl\_patpcpin

FIG. 16

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Chest Pain Center Chart Abstraction Tool Data Forms		
Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Mode of Arrival/Patient Symptoms	Cardiac Biomarkers (thru CK-MB)	
Time Stamps and the Patient Care Process	Cardiac Biomarkers (Tropoinm)	
Reperfusion Strategy	Other Treatments (thru Nitrates)	
Patient Disposition from ED	Other Treatments (Blockers)	
PCP/Cardiologist	Other Testing	
No Physician Listed	Financial Information Top Ten Payors	
Close Form		

FIG. 17A

Chest Pain Center Chart Abstraction Tool - Quality Assurance		
Patient Information		
Hospital Name: Jackson Memorial Hospital		
Patient Name: CARYC	Birth Date: 7/8/65	Gender: F
Unique Hospital Number: 1234567890	Race: H	
Next	Previous	First Last Find Save Add Undo Delete
Enter/Edit Survey	System Maintenance	Exit Application

FIG. 17B

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Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Mode of Arrival		
Mode of Arrival:	OTHER	Time of Fire & Rescue Notifications:
		Time Fire & Rescue Arrival:
		Which Fire & Rescue Unit Responded:
		Transfer Facility Name:
		Other Transfer Description: kkkkk
Patient Symptoms		
Chest Pain:	<input type="checkbox"/>	Chest Discomfort: <input checked="" type="checkbox"/>
Chest Hurt:	<input checked="" type="checkbox"/>	Angina: <input checked="" type="checkbox"/>
Arm/shoulder pain:	<input checked="" type="checkbox"/>	Neck Pain: <input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>	Abdominal pain: <input checked="" type="checkbox"/>
		Short of breath: <input checked="" type="checkbox"/>
		Other Symptom Descriptions: TEST
Time of first onset of significant symptoms:	12:00	Not Documented: <input type="checkbox"/>
Date of first onset of significant symptoms (if different from ED arrival date):	11/11/95	
<input type="button" value="Close Form"/> <input type="button" value="Time Stamps and Patient Care Process"/>		

FIG. 17C

Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Time Stamps and the Patient Care Process		
Date ED Visit:	11/11/95	Not Documented: <input type="checkbox"/>
Time of Arrival at ED:		Not Documented: <input checked="" type="checkbox"/>
Time of first ED EKG:		Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG (if different from arrival date):	11/11/95	
Time the first EKG seen by ED doctor:		Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG seen by ED doctor (if different from arrival date):	11/11/95	
Time doctor makes decision to use thrombolytic or direct angioplasty:		Not Documented: <input checked="" type="checkbox"/>
Date doctor makes decision (if different from arrival date):	11/11/95	
What was the first ED EKG (as read by the ED physician)?	DIAGNOSTIC ACUTE ISCHEMIA/INFR	
Did the ED physician document this/her EKG interpretation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did the ED physician sign this/her EKG interpretation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What was the first ED EKG as read by the official reader?	ABNORMAL NONDIAGNOSTIC ACUTE	
Time of first EKG felt to be diagnostic for acute ischemia/infarction:		
Date of first diagnostic EKG (if different from arrival date):		
How did the official reader interpret this EKG?	ABNORMAL NONDIAGNOSTIC ACUTE	
<input type="button" value="Close Form"/> <input type="button" value="Reperfusion Strategy"/>		

FIG. 17D

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Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Reperfusion Strategy	
Thrombolytic agent given?	Thrombolytic Agent type?
<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No	
Time thrombolytic agent initiated:	
Date (if different from arrival date):	
Did patient refuse?	Did patient undergo rescue angioplasty?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Primary angioplasty?	Time to Wire:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date (if different from arrival date):	Time artery opened:
<input type="button" value="Close Form"/>	<input type="button" value="Patient Disposition from ED"/>

FIG. 17E

Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Patient Disposition from Emergency Department	
Patient Disposition from Emergency Department: TRANSFER HOSPITAL	
If admitted to hospital, what unit did the patient get admitted to:	
If transferred to another hospital, which hospital: lkujhikjhik	
Time E.D. physician made decision to admit or transfer:	Not Documented: <input checked="" type="checkbox"/>
Date (if different from arrival date): 11/11/95	Time patient actually left the E.D.: 15:45
	Date (if different from arrival date): 11/11/95
Final E.D. Diagnoses (2) (from E.D. record)	
First Dx: tttt	Billing Code: Not Documented: <input type="checkbox"/>
Second Dx:	Billing Code: tttt Not Documented: <input type="checkbox"/>
Final Hospital Discharge Diagnoses (3) (from hospital chart if patient was admitted)	
First Dx:	DRG Code: tttt Not Documented: <input type="checkbox"/>
Second Dx: 9999	DRG Code: Not Documented: <input type="checkbox"/>
Third Dx:	DRG Code: 9999 Not Documented: <input type="checkbox"/>
<input type="button" value="Close Form"/> <input type="button" value="PCP Cardiology"/>	
Caregiver Information	
Name of Emergency Physician caring for patient:	
Name of Emergency Nurse caring for patient:	

FIG. 17F



Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC
		Hospital No: 1234567890
Primary Care Physician		
Did the patient list a primary care physician?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, name: _____		
Was the primary care physician called?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time PCP was called: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time PCP returned the call: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, unable to reach the PCP: _____		
Cardiologist		
Did the patient list a cardiologist?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, name: _____		
Was a Cardiologist called?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time Cardiologist was called: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time Cardiologist returned the call: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, unable to reach the Cardiologist: _____		
<input type="button" value="Close Form"/> <input type="button" value="No physician listed"/>		

FIG. 17G

Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC
		Hospital No: 1234567890
No Physician Listed		
Was the patient "unassigned" (did not have a physician)?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, was the "on call" PCP called?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time "on call" PCP was called: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, time "on call" PCP returned the call: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
If yes, unable to reach the "on call" PCP: _____		
<input type="button" value="Close Form"/> <input type="button" value="Cardiac Biomarkers (thru CK-MB)"/>		

FIG. 17H

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Cardiac Biomarkers	
Was myoglobin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was creatine kinase (CPK or CK) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was creatine kinase MB (CK-MB) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	

FIG. 17I

Cardiac Biomarkers	
Was Troponin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was only a single CPK, CK, or CK-MB done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was a 0-6-12 hour protocol followed?	<input type="checkbox"/>
Was a 0-3-16 hour protocol followed?	<input type="checkbox"/>

FIG. 17J

Aspirin given		Other Treatments	
<input type="checkbox"/> Yes		If yes, route:	
<input checked="" type="checkbox"/> No		Time first aspirin given:	
		Date (if different from arrival date):	
		If no, allergy to aspirin listed:	
Heparin given:		If yes, route:	
<input type="checkbox"/> Yes		Time first heparin given:	
<input checked="" type="checkbox"/> No		Date (if different from arrival date):	
		If no, allergy to heparin listed:	
Nitrate given:		If yes, route:	
<input type="checkbox"/> Yes		Name of agent used:	
<input checked="" type="checkbox"/> No		Time first nitrate given:	
		Date (if different from arrival date):	

FIG. 17K

Beta Blocker given		Other Treatments	
<input type="checkbox"/> Yes		If yes, route:	
<input checked="" type="checkbox"/> No		Name of agent used:	
		Time first Beta Blocker given:	
		Date (if different from arrival date):	
		If no, allergy to heparin listed:	
Calcium Channel Blocker given:		If yes, route:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Name of agent used:	
		Time first calcium channel blocker given:	
		Date (if different from arrival date):	
		If no, allergy to calcium channel blocker listed:	

FIG. 17L



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Financial Information Top Ten Payors	
Payor1:	
Payor2:	
Payor3:	
Payor4:	
Payor5:	
Payor6:	
Payor7:	
Payor8:	
Payor9:	
Payor10:	
Other Payor:	

Close Form

FIG. 17M

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